UTILITY PATENT APPLICATION TRANSMITTAL

□ DUPLICATE

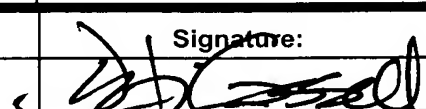| Address to: **Commissioner of Patents** **P.O. Box 1450** **Alexandria, VA 22313-1450**	Attorney Docket No.	KING3002/JEK/JJC
	First Named Inventor (or identifier)	Daniel W. King
	Total Pages	29

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled:	CUTTING HEAD FOR CUTTING A FOOD PRODUCT

☒ 1. Submitted herewith are the following:

    <u>18</u> pages of specification.
    <u>X</u> Abstract.
    <u>6</u> sheet(s) of drawings.
    <u>14</u> claim(s).
    <u>X</u> Oath/Declaration signed by each inventor.
    <u>X</u> Application Data Sheet.
    <u>0</u> Preliminary Amendment.
    <u>X</u> Information Disclosure Statement(s).
    <u>1</u> pages of Form PTO-1449.
    <u>0</u> Assignment of the invention, Cover Sheet, and payment of the $_____ recordal fee.
    <u>0</u> certified copy of application no. _____ filed _____. Priority is claimed.
    <u>X</u> check in the amount of $ <u>385.00</u> including any assignment recordal fee.

☒ 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.

☐ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.

☐ 4. Insert before the first sentence of the specification: - - This application claims the benefit of provisional application number _____ filed _____. - -

☐ 5. Insert before the first sentence of the specification: - - This application is a Continuation-in-part of nonprovisional application number _____ filed _____. - -

☐ 6. Other:_____.

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Eric S. Spector, Reg. No. 22,495; Felix J. D'Ambrosio, Reg. No. 25,721; Joseph DeBenedictis, Reg. No. 28,502; Benjamin E. Urcia, Reg. No. 33,805; and Justin J. Cassell, Reg. No. 46,205.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	$770.00
Total Claims:	14	- 20 =	0	X $18 =	
Independent Claims:	1	- 3 =	0	X $86 =	
Correspondence Address: **23364** Customer Number			Multiple Dependent Claim (add $290.00):		
			Subtotal:		$770.00
			50% Reduction if Small Entity Status:		$385.00
Phone: 703-683-0500		Fax: 703-683-1080	Total:		$385.00

Date:	Name:	Signature:	Reg. No.
April 16, 2004	JUSTIN J. CASSELL		46,205

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